

TRAINING ANNOUNCEMENT

The Western New York Stress Reduction Program, the MMRS Mental Health Subcommittee, the Specialized Medical Assistance Response Team, and the Erie County Department of Mental Health are pleased to announce the following 2-day course:

Advanced Group Crisis Intervention

Dates: Friday April 26th, 2013 & Saturday April 27th, 2013
Time: 8:30am-4:30pm both days
Location: Erie County Fire Training Academy
3359 Broadway
Cheektowaga, New York 14227

This is an International Critical Incident Stress Foundation (ICISF) developed curriculum. Advantages of attending are:

- Participants will learn strategies and tactics for complex situations
- Participants will receive a certificate of completion from the ICISF
- Participants will receive continuing education credits from the University of Maryland at Baltimore
- This course is required for persons pursuing the ICISF Certificate of Advanced Training

LEARNING OBJECTIVES

- Describe key terms and concepts relevant to the practice of advanced group crisis intervention
- List relevant recommendations for practice in managing complex group oriented crisis interventions
- Describe the nature and importance of incident assessment and strategic intervention
- Discuss the key concepts of enhanced group processes
- Discuss the risks of adverse outcome associated with crisis intervention and how to reduce those risks

PRESENTER

Presenter: Bonita S. Frazer, MS, CTS, FAAETS is the Mental Health Emergency Planning Coordinator for Erie County. Through her volunteer work with the American Red Cross and the Western New York Stress Reduction Program, she has provided crisis intervention and critical incident stress management services to survivors of critical incidents/disasters and to emergency services personnel who respond to these events. Bonita is a volunteer for the Specialized Medical Assistance Response Team and the Canine Therapy Teams of Western New York. She also serves on the Board of Directors for the Association of Traumatic Stress Specialists.

Please do not register if you cannot commit to attending both days in their entirety. Registration is limited to 30 persons and certificates of completion will be given only to those who have completed the training in its entirety.

Lunch will be provided both days.

Questions about registration can be directed to Cheryl Kennedy at 716-864-8101 or via email at clkennedy72@yahoo.com

Questions about the curriculum can be directed to Bonita Frazer at 716-856-9835 Ext. 204 or via email at bonitafraser@yahoo.com

SPECIAL NOTE: Only persons who have completed the Group Crisis Intervention course are eligible to register for this course.

REGISTRATION FORM
Advanced Group Crisis Intervention
Friday April 26th, 2013 and Saturday April 27th, 2013

Persons who are interested in attending the training must complete the registration form and send the appropriate payment. Please complete a new registration form for each registrant. Registrations will be handled on a first come, first serve basis. *All registrants will be notified whether or not they have been accepted into the class.* REGISTRATION CLOSES ON FRIDAY, April 19TH, 2013 AT 4:30PM.

Two-Day Course Fee Schedule: \$75

PAYMENT MUST BE RECEIVED BY THE APRIL 13th DEADLINE and can be made by personal check, business check, money order or purchase order payable to Western New York Stress Reduction Program Inc.

Please LEGIBLY PRINT your name *exactly* as you would like it to appear on your certificate of completion, and complete all sections listed below.

Full Name: _____
Agency: _____
Address: _____
City, State, Zip: _____
Daytime Phone: _____
Email: _____

Prerequisite Course Completion

Please check if you have completed the following course:

☐ **Group Crisis Intervention**

ICISF Member: YES NO
Police Helpline Peer: YES NO

Discipline(s):	_____ Police	_____ Clergy / Chaplaincy
	_____ Fire	_____ Military
	_____ EMT / Paramedic	_____ Mental Health
	_____ Dispatch	_____ Employee Assistance Program
	_____ Corrections	_____ Elementary / Middle / High School
	_____ Medical / Hospital	_____ College / University
	_____ HazMat	_____ Other - Please Specify
	_____ Public Health	

Please submit the completed form to Cheryl Kennedy via mail, fax, or email:

Address: 7118 Michael Road, Orchard Park, New York 14127

Phone: 716-864-8101

Fax: 716-859-7066

Email: clkennedy72@yahoo.com

PLEASE NOTE: If you submit your registration via mail, please email Cheryl Kennedy at clkennedy72@yahoo.com to inform her your registration(s) will be forthcoming.

Should you need to cancel, please notify Cheryl Kennedy as soon as possible so that we may fill your seat with another registrant.